

Greater Wildwood Little League

Post Office Box 1212, Wildwood, New Jersey, 08260

FALL BALL REGISTRATION

The Greater Wildwood Little League encourages all ball players, boys and girls, ages 8 to 15 to take part in our Fall Ball program. Girls Softball will have a Fall Ball tem provided sufficient registration numbers. The cost is \$40 per child. Fall Ball games are played at Higbee Field, Middle Township and Lower Cape May ball fields. Up to two games are played per week on Friday, Saturday or Sunday evenings. The ten game season runs from (approximately) the third week of September to the first week of November. Please help support another successful fall ball season by volunteering your time to be a coach or umpire. For more information, please contact Tom Hunt at (609) 780-4219 or crestclan@comcast.net. Fall ball registration ends August 21st. Please mail completed form (one per child) and payment to the address listed above.

Child's Shirt Size (check one): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large



G.W.L.L. FALL BALL REGISTRATION AND MEDICAL RELEASE FORM



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name _____ Phone _____ Relationship to Player _____

Name _____ Phone _____ Relationship to Player _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date:

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.